

448

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH		30
BUREAU OF VITAL STATISTICS		State Index - - No.		
1. County	<u>Cochise</u>	County Registrar's No.		<u>972</u>
District	<u>Pittsfield</u>	Local Registrar's - No.		
Town or City		No.	<u>County Hospital</u>	St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)				
2. FULL NAME <u>Nels Anderson</u>				
(a) Residence. No. <u>525 - 7 Ave</u> St. Ward.				
(Usual place of abode)				
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.				
PERSONAL AND STATISTICAL PARTICULARS				
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)		
<u>Male</u>	<u>White</u>	<u>Divorced</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				
6. DATE OF BIRTH (month, day and year)				
7. AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
<u>about</u>	<u>66</u>			
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Smelterman</u>				
(b) General nature of industry, business, or establishment in which employed (or employer)				
(c) Name of employer				
9. BIRTHPLACE (city or town) (State or country) <u>Sweden</u>				
10. NAME OF FATHER <u>Not Known</u>				
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>Sweden</u>				
12. MAIDEN NAME OF MOTHER <u>Not Known</u>				
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Sweden</u>				
14. Informant (Address) <u>J. A. Pearson 525 - 7 Ave</u>				
15. Filed <u>11/12</u> , 19 <u>22</u> <u>Blauvelt</u> Registrar				
V. S. No. 1 <u>18-22</u>				
MEDICAL CERTIFICATE OF DEATH				
16. DATE OF DEATH (month, day, and year) <u>Nov 13</u> , 19 <u>22</u>				
17. I HEREBY CERTIFY, That I attended deceased from <u>11-13</u> , 19 <u>22</u> to <u>11-13</u> , 19 <u>22</u> that I last saw him alive on <u>11-13</u> , 19 <u>22</u> and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Pericard Embolism</u>				
(duration) yrs. mos. ds.				
CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.				
18. Where was disease contracted if not at place of death?				
Did an operation precede death? Date of _____				
Was there an autopsy? <u>yes</u>				
What test confirmed diagnosis? _____				
(Signed) <u>Blauvelt</u> , M. D.				
19 (Address) <u>Douglas</u>				
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)				
19. PLACE OF BURIAL, CREMATION OR REMOVAL				
DATE OF BURIAL				
<u>Calvary Cemetery</u> <u>Nov 16</u> , 19 <u>22</u>				
20. UNDERTAKER				
ADDRESS				
<u>Ames-Dugan Mfg Co</u> <u>Douglas</u>				